

STATEMENT OF ECONOMIC INTERESTS
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NAME JACK A. SIEGLOCK DAYTIME TELEPHONE NUMBER (209) 368-6521
MAILING ADDRESS 1702 Timberlake Cir. Lodi, CA 95242
CITY LODI ZIP CODE 95242

COVER PAGE

1. Office, Agency, or Court

Lodi City Council
Division, Board, District, if applicable:
Mayor
Position:

➤ If filing an expanded statement list agency/position:
(Attach a separate sheet if necessary)

2. Office Jurisdiction (Check one)

☐ State ☐ County of _____
☒ City of LODI
☐ Multi-County _____
☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____
(Check one)
☐ Elected Official
☐ Appointed Official (includes individuals newly hired)
☐ Annual
(Check one)
☐ The period covered is January 1, 1997 through December 31, 1997.
☐ The period covered is ____/____/____ through December 31, 1997.
☒ Leaving Office Date Left: ____/____/____
(Check one)
☐ The period covered is January 1, 1997 through the date of leaving office.
☒ The period covered is Jan 1 1998 through the date of leaving office.
☐ Candidate

4. Schedule Summary

➤ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☒ Yes - schedule attached
Income - Loans

Schedule E ☒ Yes - schedule attached
Income - Gifts

Schedule F ☐ Yes - schedule attached
Income - Travel Payments

➤ ☐ No reportable interests

➤ Total number of pages (including this cover page): ____

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on December 21, 1998
(month, day) (year)
SIGNATURE Jack A. Sieglock

mailed to FPPC on 12/23/98

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Name

JACK A. SIEGLOCK

NAME OF BUSINESS ENTITY

AAIR

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Airline Industry

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

 / / 98
ACQUIRED / / 98
DISPOSED

NAME OF BUSINESS ENTITY

Wingley's

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Dum

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

 / / 98
ACQUIRED / / 98
DISPOSED

NAME OF BUSINESS ENTITY

CSPLF

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Oil & Gas

FAIR MARKET VALUE

- ☐ \$1,000 - \$10,000
☒ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

7/10/98
ACQUIRED / / 98
DISPOSED

NAME OF BUSINESS ENTITY

DTE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Electronics

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

 / / 98
ACQUIRED / / 98
DISPOSED

NAME OF BUSINESS ENTITY

OPTN

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Home Infusion Therapy

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

5/5/98
ACQUIRED / / 98
DISPOSED

NAME OF BUSINESS ENTITY

Columbia Labs

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Laboratory

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

 / / 98
ACQUIRED / / 98
DISPOSED

Comments: _____

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA
1997/98 FORM 700
 FAIR POLITICAL PRACTICES COMM.

Name

JACK A. Siebold

> NAME OF BUSINESS ENTITY

DIS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Entertainment

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

 / / 98 / / 98
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

Pfizer

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Medicine

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

7 / 8 / 98 / / 98
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

Sillette

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Razors

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

 / / 98 / / 98
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☐ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

 / / 98 / / 98
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

PIX

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Energy

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

 / / 98 / / 98
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☐ Stock☐ Other _____

IF APPLICABLE, LIST DATE:

 / / 98 / / 98
 ACQUIRED DISPOSED

Comments: _____

Schedule B

Interests in Real Property

CALIFORNIA 700
 1997/98 FORM
 FAIR POLITICAL PRACTICES COMM.

Name _____

STREET ADDRESS OR PRECISE LOCATION

1101 + 1103 S. Ham Lane

CITY

Los Angeles, CA 95242

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐
- \$1,000 - \$10,000
-
- ☐
- \$10,001 - \$100,000
-
- ☒
- Over \$100,000

☐ 1/1/98 ACQUIRED
☐ 1/1/98 DISPOSED

NATURE OF INTEREST

☒ Rental Property ☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ Yrs. remaining ☐ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐
- \$0 - \$249
- ☐
- \$250 - \$1,000
- ☐
- \$1,001 - \$10,000
- ☒
- Over \$10,000

 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest,
 see the instructions for reporting sources of rental income.
Lori CamarilloKathy Castaneda

NAME OF LENDER

LOANWORKS

ADDRESS

P.O. Box 4045, Kalamazoo, Michigan 49003

BUSINESS ACTIVITY OF LENDER

☒ Financial Institution☐ Other _____

INTEREST RATE

TERM (Months/Years)

8.25% ☐ None30

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐
- \$250 - \$1,000
- ☐
- \$1,001 - \$10,000
- ☒
- Over \$10,000

☐ Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.

☐ Additional loan - refer to Sch. D.

STREET ADDRESS OR PRECISE LOCATION

1320 S. Crescent

CITY

Los Angeles, CA 95240

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐
- \$1,000 - \$10,000
-
- ☐
- \$10,001 - \$100,000
-
- ☒
- Over \$100,000

☐ 11/18/98 ACQUIRED
☐ 1/1/98 DISPOSED

NATURE OF INTEREST

☒ Rental Property ☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ Yrs. remaining ☐ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐
- \$0 - \$249
- ☐
- \$250 - \$1,000
- ☐
- \$1,001 - \$10,000
- ☐
- Over \$10,000

 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest,
 see the instructions for reporting sources of rental income.

NAME OF LENDER

HEADLANDS MORTGAGE COMPANY

ADDRESS

P.O. Box 7795 San Francisco, CA 94120

BUSINESS ACTIVITY OF LENDER

☒ Financial Institution☐ Other _____

INTEREST RATE

TERM (Months/Years)

7.25% ☐ None30

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐
- \$250 - \$1,000
- ☐
- \$1,001 - \$10,000
- ☒
- Over \$10,000

☐ Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.

☐ Additional loan - refer to Sch. D.

Comments: _____

Schedule C

Income & Business Positions

(Income Other than Loans, Gifts, and Travel Payments)

CALIFORNIA 1997/98 FORM 700
FAIR POLITICAL PRACTICES COMM.

Name

Jack A. Sieglak

NAME OF SOURCE

Opticon Care

ADDRESS

2800 Mitchell Rd., Geneva

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Home Infusion Pharmacy

BUSINESS POSITION

Professional Services Director

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☒ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____

Comments:

Schedule D

Income - Loans

(Received or Outstanding)

CALIFORNIA
1997/98 FORM

700

FAIR POLITICAL PRACTICES COMM.

Name

NAME OF LENDER
LOAN WORKS

ADDRESS
PO Box 4045 Kalamazoo, MI 49003

BUSINESS ACTIVITY OF LENDER
☒ Financial Institution
☐ Other _____

INTEREST RATE 8.25 % ☐ None TERM (Months/Years) 30

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$250 - \$1,000 ☒ \$1,001 - \$10,000 ☒ Over \$10,000

SECURITY FOR LOAN
☐ None ☐ Automobile ☐ Personal residence
☒ Real Property 1101 + 1103 S. Ham Lane
Lodi, CA 95242
City

☐ Guarantor _____
☐ Other _____

NAME OF LENDER
Sanera Bank

ADDRESS
4733 Quails Lake Drive, Stockton, CA 95207

BUSINESS ACTIVITY OF LENDER
☒ Financial Institution
☐ Other _____

INTEREST RATE 11.5 % ☐ None TERM (Months/Years) 20

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☒ Over \$10,000

SECURITY FOR LOAN
☐ None ☐ Automobile ☒ Personal residence
☒ Real Property 1702 Timberlake Cir.
Lodi, CA 95242
City

☐ Guarantor _____
☐ Other _____

NAME OF LENDER
HEADLANDS MORTGAGE COMPANY

ADDRESS
PO Box 7795 San Francisco, CA 94110

BUSINESS ACTIVITY OF LENDER
☒ Financial Institution
☐ Other _____

INTEREST RATE 7.25 % ☐ None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$250 - \$1,000 ☒ \$1,001 - \$10,000 ☒ Over \$10,000

SECURITY FOR LOAN
☐ None ☐ Automobile ☐ Personal residence
☒ Real Property 1320 S. Crescent St.
Lodi, CA 95240
City

☐ Guarantor _____
☐ Other _____

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER
☐ Financial Institution
☐ Other _____

INTEREST RATE _____ % ☐ None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

SECURITY FOR LOAN
☐ None ☐ Automobile ☐ Personal residence
☐ Real Property _____
City _____

☐ Guarantor _____
☐ Other _____

Comments: _____

Schedule E

Income – Gifts

CALIFORNIA
1997/98 FORM 700
FAIR POLITICAL PRACTICES COMM.

Name _____

➤ NAME OF SOURCE

AT & T

ADDRESS

10000 Soethe Rd. Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

95827telephone company

DESCRIPTION OF GIFT(S)

VALUE

DATE

Business Leadership Summit 250 10/3/98

_____ \$ _____ / /

_____ \$ _____ / /

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)

VALUE

DATE

_____ \$ _____ / /

_____ \$ _____ / /

_____ \$ _____ / /

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)

VALUE

DATE

_____ \$ _____ / /

_____ \$ _____ / /

_____ \$ _____ / /

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)

VALUE

DATE

_____ \$ _____ / /

_____ \$ _____ / /

_____ \$ _____ / /

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)

VALUE

DATE

_____ \$ _____ / /

_____ \$ _____ / /

_____ \$ _____ / /

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)

VALUE

DATE

_____ \$ _____ / /

_____ \$ _____ / /

_____ \$ _____ / /

Comments: _____